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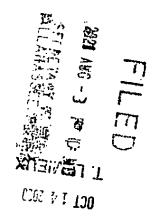
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	Registration So Division of Cor			
	SHOP SAF	d'ille		•
SUBJEC.	Γ:	Numa of Lin	ited Liability Company	
		Name of this	ней гластку Сотрану	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Valeria P Galavis		
			Name of Person	
			Firm/Company	
		1642 Zenith Way		
			Address	
		Weston, F1, 33327		
		garridovaleria@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report	notification)
For furthe	r information c	concerning this matter, please c	all:	
Valeria P	Galavis		786 4514784	
	Name o	of Person	at () Area Code Dag	stime Telephone Number
Enclosed	is a check for th	he following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address	
	Division of C		Registration Division of 0	Section Corporations
	0 0 (33	· -	(17)	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOP SAKITLC		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	1
The Articles of Organization for this Limited Liab Florida document number		and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	OX)	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ne name of the new registr
Name of New Registered Agent:		100 Total
New Registered Office Address:	Enter Florida street address	
	. Flor	The Control of the Co
	City	10a Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Valeria P Galavis	1642 Zenith Way	
		Weston, FL 33327	Remove
			URemove
			□Change
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			Change
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ffective date, if other than the d an effective date is listed, the date must b lote: If the date inserted in this bloc ocument's effective date on the Dep	be specific and cannot be prior ik does not meet the applic	to date of filing or more than 90 da	rys after filing.) Pursuant to 605.0207
record specifies a delayed effective of is filed.	date, but not an effective ti	ne, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
August 18 ated	2020	_·	, //
		/ Daniela A. Sanchez Bueno rized representative of a member	150
a.	1(11)(11)(11)(1) (3) (1 1)(1)(1)(1) Pair and (1)		
Daniela A. Sanchez Bueno		/ / / / / / / / / / / / / / / / / / /	Valeria P. Galavis

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